

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. A 1680 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1897

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Eldridge

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 23 Months, _____ Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 1042 N. Gay St.

Cause of Death, { First (Primary), Second (Immediate), } teething
congestion of the brain

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Tuesday July 26/97

Undertaker, Henry Rock Son Hilton N. Taylor M. D. Medical Attendant.

Place of Business, Canal near Eagle St Address, 600 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1681 Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, JUL 24 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annii Franklin Fischer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, 9 Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Annapolis Md.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, { Give Street and Number. } 9. East Biddle St

Cause of Death, { First (Primary), Second (Immediate), } Acute Dysentery.
Collapse

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 28th 87

Undertaker, Heof Jenkins & Sons

Place of Business, Park & Saratoga

Medical Attendant, Wm. A. D. Selman M. D.
5 East Biddle St

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1682 Office of Registrar of Vital Statistics. Ward 19^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 23/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Coré

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 54 Years, 7 Months, ✓ Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Treasurer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, { Give Street and Number. } 1724 Lafayette Ave

Cause of Death, { First (Primary), Cancer of Stomach
Second (Immediate), Cancer of Stomach }

Duration of Last Sickness, 14 mos

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 25/87

{ Undertaker, O'Leary & Mitchell

{ Place of Business, 1201 N. Fayette

W.P. Morgan M. D.
Medical Attendant.

Address, 315 N. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1683 Office of Registrar of Vital Statistics. Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23 - 89

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos Lester McKearin

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 1 Months, 1 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ✓

Birth Place, { State of Country, and how long in the United States, if of foreign birth. } Hagerstown

Duration of Residence in the City of Baltimore, 2 mos

Place of Death, { Give Street and Number. } 1220 E Mon

Cause of Death, { First (Primary), Second (Immediate), } Measles

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 25th

Undertaker, Geo Schilling D V Moyer M. D.

Place of Business, Askland Square Address, 728 Airguth

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the fact that a permit for burial cannot be obtained without a proper certificate.

Health Department, City of Baltimore.

Permit No.

1684

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Baren

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 57 Years, Months, Days.

Color, White

Married, Single, Widowed or Widower, { Cross out the words not required in this line. } Married

Occupation, Milkman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Rail road injury
Second (Immediate), Heart failure & shock

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 27th

Undertaker, W. J. Schaffer

Char. A. Ray M. D.

Medical Attendant.

Place of Business, 8. S. Front Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

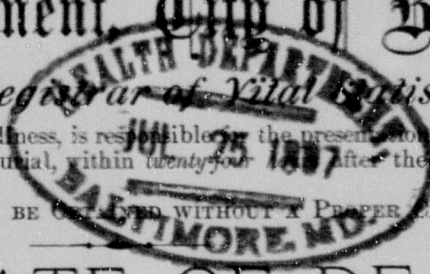
The Special Attention of Physicians is respectfully invited to the Remarks below, and to the fact that the same should be filled out.

Health Department, City of Baltimore.

Permit No. A-1685 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 11-30 A.M. July 24 - 87

Full Name of Deceased, John Dillon { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 50 Years, _____ Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Harbor

Birth Place, Balto. City { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, City Hospital { Give Street and Number. }

Cause of Death, Asthma { First (Primary), Second (Immediate), }

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, July 25 '87

Undertaker, Geo. A. Ray Medical Attendant.

Place of Business, Health Office Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 4686

Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Joseph Hicks

Sex, Male or Female, { Cross out the word not required in this line. male

Age, Years, Months, 5 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. 825 Leadenhall Street

Cause of Death, { First (Primary), Inanition
Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, July 25 / 87 John A. Stone M.D.

Undertaker, H. Reys

Place of Business, Jonway St Address, Carroll & Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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H. B. Seward, Jr. [OVER.]

Health Department, City of Baltimore.

Permit No. *A. 1687*

Office of Registrar of Vital Statistics.

Ward *8*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

James & Catharine Gamble (Parents)

Sex, Male or Female, { Cross out the word not required in this line.

Age, *Years,*

Months,

6 Hours Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number.

No 12 Webster Court

Cause of Death, { First (Primary),

Second (Immediate),

asthenia

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem*

Date of Burial, *July 25th 1887*

Undertaker, *H. C. Niedeck*

Place of Business,

Greenmount Ave

Address,

August M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Henry M. McKeown Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 1688 Office of Registrar of Vital Statistics. Ward 11th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd

Full Name of Deceased, William A. Runday
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 55 Years, _____ Months, _____ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Painter

Birth Place, Essex Co. Va.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 years

Place of Death, 325 Eastern Court
{ Give Street and Number. }

Cause of Death, Dropsy
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, July 26th

Undertaker, Alex. Hensley

Place of Business, 561 Orchard

Medical Attendant, R. M. Hall M. D.
1019 D. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. **A 1689**

Office of Registrar of Vital Statistics.

Ward **11**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 23rd 1887**
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **John Ramond Jenson**
 Sex, Male or Female, { Cross out the word not required in this line. } **Male**
 Age, _____ Years, _____ Months, **12** Days.
 Color, **Color**
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }
 Occupation, _____
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore Md**
 Duration of Residence in the City of Baltimore, **1 mo 14 da**
 Place of Death, { Give Street and Number. } **428 Moore St**
 Cause of Death, { First (Primary), Second (Immediate), } **Inanition**
 Duration of Last Sickness, **2 weeks**

All the above information should be furnished by the Physician.

Place of Burial, **Sharp St**
 Date of Burial, **July 23rd**
 Undertaker, **Alex. Hensley**
 Place of Business, **511 Orchard St** Address, **437 W Biddle St**
 Medical Attendant, **J. A. Gilman** M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]